

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90040 027 ***150.00

DOCUMENT # P97000086592 1. Entity Name MCQUAIG'S CONSTRUCTION, INC.					
Principal Place of Business 2405 RUTH HENTZ PANAMA CITY, FL 32405			Mailing Address PO BOX 15819-- PANAMA CITY, FL 32406		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3473278	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<div style="display: flex; justify-content: space-between;"> <div> 6. Name and Address of Current Registered Agent MCQUAIG, MICHAEL 2604 SHADOW RIDGE COURT PANAMA CITY, FL 32404 </div> <div> 7. Name and Address of New Registered Agent Name <u>McQuaig, Michael</u> Street Address (P.O. Box Number is Not Acceptable) <u>2604 Shadow Ridge Court</u> City <u>Lynn Haven</u> FL Zip Code <u>32444</u> </div> </div>					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Michael H. McQuaig</u> DATE <u>01-22-07</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCQUAIG, MICHAEL H 2664 SHADOW RIDGE COURT LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McQuaig, Michael H 2604 Shadow Ridge Court Lynn Haven, FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCQUAIG, CYNTHIA D 2664 SHADOW RIDGE COURT LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McQuaig, Cynthia 2604 Shadow Ridge Court Lynn Haven, FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>Michael H. McQuaig</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>02-22-07</u> <small>Date Daytime Phone #</small>		